

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
PHP										
MARIN COUNTY (21)										
KP CAL LLC (NorCal) #81 (03-75341), A12 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Andrea Boughton (626) 421-8733		10/01/09	03/31/10	FAMILY	\$115.40	734/ 734	\$147,397	Marin	Charles S. Koch	Nathan Nau (916) 341-7031
				AGED	\$457.37					
				BLIND/DISABLED	\$457.37					
				ADULT	\$115.40					
				REFUGEES FAMILY	\$115.40					
				BCCTP	\$912.48					
				AIDS	\$1,574.79					
MARIN COUNTY (21)										
KP CAL LLC (NorCal) #81 (03-75341), A12 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Andrea Boughton (626) 421-8733		10/01/09	03/31/10	MEDICARE PART D		734/ 163	\$16,661	Marin	Charles S. Koch	Nathan Nau (916) 341-7031
				FAMILY	\$115.40					
				AGED	\$104.41					
				BLIND/DISABLED	\$101.27					
				ADULT	\$115.40					
				REFUGEES FAMILY	\$115.40					
				BCCTP	\$912.48					
AIDS	\$303.53									
MARIN COUNTY				SUBTOTAL		1,468/ 897	\$164,058			
SONOMA COUNTY (49)										
KP CAL LLC (NorCal) #87 (03-75341), A11 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955 Plan Deactivated 10/01/09) Rolled over to COHS (Partnership of CA HCP #513)		10/01/08	09/30/09	FAMILY	\$100.94	1,424/ 0	\$0	Sonoma	Charles S. Koch	Nathan Nau (916) 341-7031
				AGED	\$354.08					
				DISABLED	\$456.70					
				ADULT	\$450.31					
				REFUGEES FAMILY	\$100.94					
				BCCTP	\$797.15					
				AIDS	\$1,598.44					
SONOMA COUNTY (49)										
KP CAL LLC (NorCal) #87 (03-75341), A11 1800 Harrison Street, 25th Floor Oakland, CA 94512 CONTACT: Cathy Lurty (818) 557-7955 (Note: HCP #87, Rolled over to COHS (Partnership of CA HCP #513) became effective in Sonoma Co. 49) Plan Deactivated 10/01/09)		10/01/08	09/30/09	MEDICARE PART D		1,424/ 0	\$0	Sonoma	Charles S. Koch	Nathan Nau (916) 341-7031
				FAMILY	\$100.94					
				AGED	\$100.36					
				DISABLED	\$92.15					
				ADULT	\$450.31					
				REFUGEES FAMILY	\$100.94					
				BCCTP	\$797.15					
AIDS	\$303.53									
SONOMA COUNTY				SUBTOTAL		2,848/ 0	\$0			
TOTAL PHP						4,316/ 897	\$164,058			

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PHP (DENTAL)										
<u>LOS ANGELES COUNTY (19)</u>										
Access Dental Plan, Inc. (05-45001), A6 8890 Cal Center Drive Sacramento, CA 95826	#409	01/01/09	06/30/11	Public Assistance	unlimited/ 133,971	\$1,408,035	Los Angeles	Reza Abbaszadeh	Lenatte Blouin (916) 464-0379	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Terri Abbaszadeh (916) 563-6020										
American Health Guard Corp. (05-45698), A4 30 East Santa Clara, Suite D Arcadia, CA 91006	#410	01/01/09	06/30/11	Public Assistance	unlimited/ 12,938	\$135,978	Los Angeles	David Kutner	Abbigail Aban (916) 464-0390	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Rod Zalunardo (626) 821-5500										
Safeguard Health Plans Inc. (05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605	#406	01/01/09	06/30/11	Public Assistance	unlimited/ 20,309	\$213,448	Los Angeles	Paula Lopez	Lenatte Blouin (916) 464-0379	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						\$10.51
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
% OF POV	\$10.51									
BCCTP	\$10.51									
CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518										

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LOS ANGELES COUNTY (19)										
Health Net Community Solutions, Inc. (05-45703), A5 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670-4502 CONTACT: Eileen McGee-Davidson (909) 890-4129	#405	01/01/09	06/30/11	Public Assistance	unlimited/ 39,411	\$414,210	Los Angeles	David Meadows	Brian Nanoo (916) 464-3784	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
				% OF POV						\$10.51
				BCCTP						\$10.51
				Care 1st Health Plan (05-45702), A5 601 Potrero Grande Drive Monterey Park, CA 91755 CONTACT: Walter Gray (323) 889-6638						#403
FAMILY	\$10.51									
AGED	\$10.51									
BLIND/DISABLED	\$10.51									
Medically Needy										
FAMILY	\$10.51									
AGED	\$10.51									
BLIND/DISABLED	\$10.51									
MI CHILD	\$10.51									
MI ADULT	\$10.51									
% OF POV	\$10.51									
BCCTP	\$10.51									
Western Dental Services (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863 CONTACT: Kelley Duniven (714) 571-3488	#413	01/01/09	06/30/11		Public Assistance	unlimited/ 54,981	\$577,850	Los Angeles	Samuel H. Gruenbaum President/CEO	
				FAMILY	\$10.51					
				AGED	\$10.51					
				BLIND/DISABLED	\$10.51					
				Medically Needy	\$10.51					
				FAMILY	\$10.51					
				AGED	\$10.51					
				BLIND/DISABLED	\$10.51					
				MI CHILD	\$10.51					
				MI ADULT	\$10.51					
				% OF POV	\$10.51					
				BCCTP	\$10.51					
				Liberty Dental Plan of CA, Inc. (05-45700), A5 3200 El Camino Real, Ste. 290 Irvine, CA 92602 CONTACT: Amir Neshat, DDS, 949-223-8929	#416					01/01/09
FAMILY	\$10.51									
AGED	\$10.51									
BLIND/DISABLED	\$10.51									
Medically Needy										
FAMILY	\$10.51									
AGED	\$10.51									
BLIND/DISABLED	\$10.51									
MI CHILD	\$10.51									
MI ADULT	\$10.51									
% OF POV	\$10.51									
BCCTP	\$10.51									
Community Dental Services, Inc. (05-45699), A4 2 Mac Athur Place, Suite 700 Santa Ana, CA 92707 CONTACT: Thuy Pham (714) 263-3410	#417	01/01/09	06/30/11			Public Assistance	Unlimited/ 3,954	\$41,557	Los Angeles	
				FAMILY	\$10.51					
				AGED	\$10.51					
				BLIND/DISABLED	\$10.51					
				Medically Needy						
				FAMILY	\$10.51					
				AGED	\$10.51					
				BLIND/DISABLED	\$10.51					
				MI CHILD	\$10.51					
				MI ADULT	\$10.51					
				% OF POV	\$10.51					
				BCCTP	\$10.51					
				LOS ANGELES						SUBTOTAL

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RIVERSIDE COUNTY (33)																		
Western Dental Services, Inc. (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863 CONTACT: Kelley Duniven (714) 571-3488	#414	01/01/09	06/30/11	Public Assistance	unlimited/ 139	\$1,461	Riverside	Samuel H. Gruenbaum President/CEO	Brian Nanoo (916) 464-3784									
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				Medically Needy														
				FAMILY						\$10.51								
				AGED						\$10.51								
				BLIND/DISABLED						\$10.51								
				MI CHILD						\$10.51								
				MI ADULT						\$10.51								
				% OF POV						\$10.51								
				BCCTP						\$10.51								
				RIVERSIDE COUNTY														
				SUBTOTAL							unlimited/ 196	\$2,060						

Safeguard Health Plans, Inc.
 (05-45701), A4
 95 Enterprise, Suite 100
 Aliso Viejo, CA 92656-2605

 CONTACT: Paula Lopez, Director State Gov Programs
 (949) 425-4518

Public Assistance
 FAMILY \$10.51
 AGED \$10.51
 BLIND/DISABLED \$10.51
 MI CHILD \$10.51
 MI ADULT \$10.51
 % OF POV \$10.51
 BCCTP \$10.51

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SAN BERNARDINO COUNTY (36)										
Western Dental Services, Inc. #415 (05-45704), A5 530 South Main Street, Sixth Floor Orange, CA 92863 CONTACT: Kelley Duniven (714) 571-3488		01/01/09	06/30/11	Public Assistance	unlimited/ 251	\$2,638	San Bernardino	Samuel H. Gruenbaum President/CEO	Brian Nanoo (916) 464-3784	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
				% OF POV						\$10.51
				BCCTP						\$10.51
				Care 1st Health Plan #404						
(05-45702), A5 601 Potrero Grande Drive Monterey Park, CA 91755 CONTACT: Walter Gray (323) 889-6638		01/01/09	06/30/11	Public Assistance	unlimited/ 103	\$1,083	San Bernardino	Dr. Gorge Weingarten Medical Director	R Abbigail Aban (916) 464-0390	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
				% OF POV						\$10.51
				BCCTP						\$10.51
				Safeguard Health Plans, Inc. #408						
(05-45701), A4 95 Enterprise, Suite 100 Aliso Viejo, CA 92656-2605 CONTACT: Paula Lopez, Director State Gov Programs (949) 425-4518 **Rates do not reflect Hyde abortion rates effective August 2003		01/01/09	06/30/11	Public Assistance	unlimited/ 398	\$4,183	San Bernardino	Paula Lopez	Lenatte Blouin (916) 464-0379	
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				Medically Needy						
				FAMILY						\$10.51
				AGED						\$10.51
				BLIND/DISABLED						\$10.51
				MI CHILD						\$10.51
				MI ADULT						\$10.51
				% OF POV						\$10.51
				BCCTP						\$10.51
				SAN BERNARDINO COUNTY						SUBTOTAL
TOTAL PHP (DENTAL)					unlimited/ 290,956	\$3,057,949				

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<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
COUNTY COHS									
<u>MERCED COUNTY (24)</u>									
Santa Cruz-Monterey-Merced , Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A5 ADDRESS ??	514	10/01/09	12/31/13	FAMILY/MI CHILD \$144.77 AGED \$480.66 DISABLED/BLIND \$753.15 LTC \$7,824.65 MI ADULT \$144.77 REFUGEES/% POV \$144.77 BCCTP \$1,520.21	N/A/ 70,030		Merced		Jane Marine (916) 449-5113
				<u>MEDICARE PART B</u>					
				AGED \$266.38 DISABLED/BLIND \$179.28 LTC \$4,516.08					
CONTACT:									
<u>MONTEREY COUNTY (27)</u>									
Santa Cruz-Monterey Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A5 1600 Green Hills Road ADDRESS ??	#508	07/01/09	12/31/13	FAMILY/MI CHILD \$138.82 AGED \$601.45 DISABLED/BLIND \$969.29 LTC \$6,797.27 MI ADULT \$138.82 REFUGEES/% POV \$138.82 BCCTP \$1,390.01	N/A/ 71,913		Monterey	Allan McKay	Jane Marine (916) 449-5113
				<u>MEDICARE PART B</u>					
				AGED \$204.57 DISABLED/BLIND \$205.77 LTC \$5,114.32					
CONTACT: Alan McKay (831) 457-3850 ext 4330									
<u>NAPA COUNTY (28)</u>									
Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A4 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#507	07/01/09	12/31/13	FAMILY/MI CHILD \$184.80 AGED \$489.69 DISABLED/BLIND \$914.61 LTC \$4,911.91 MI ADULT \$184.80 REFUGEES/% POV \$184.80 BCCTP \$1,551.57 OBRA \$296.31	N/A/ 13,373		Napa	Jack Horn	Acting: Jane Marine (916) 449-5113
				<u>MEDICARE PART B</u>					
				AGED \$191.66 DISABLED/BLIND \$239.91 LTC \$3,860.90 OBRA \$296.31					
CONTACT: Jack Horn (707) 863-4261									
<u>ORANGE COUNTY (30)</u>									
Orange County Organized Health System dba CalOptima (08-85214) A3 1120 West La Veta Ave, 5th Floor Orange, CA 92868-4220	#506	07/01/09	12/31/13	FAMILY/MI CHILD \$116.54 AGED \$414.78 DISABLED/BLIND \$854.16 LTC \$6,134.63 MI ADULT \$116.54 REFUGEES/% POV \$116.54 BCCTP \$1,327.02	N/A/ 361,692		Orange	Richard Chambers	Acting: Jane Marine (916) 449-5113
				<u>MEDICARE PART B</u>					
				AGED \$171.66 DISABLED/BLIND \$243.51 LTC \$4,066.74					
CONTACT: Richard Chambers (714) 246-8458									

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COUNTY COHS									
<u>SAN LUIS OBISPO COUNTY (40)</u>									
SBSLORHA/SLO Santa Barbara San Luis Obispo Regional Health Authority dba CenCal Health (08-85212) A3 110 Castillian Dr. Goleta, CA 93117	#501	07/01/09	12/31/11	FAMILY/MI CHILD \$131.24 AGED \$438.75 DISABLED/BLIND \$710.67 LTC \$5,614.82 MI ADULT \$131.24 REFUGEES/% POV \$131.24 BCCTP \$1,420.61 AIDS \$2,256.98	N/A/ 28,358		Santa Luis Obispo	Lyle Lyman	O.Z. Kamara (916) 449-5084
				<u>MEDICARE PART B</u>					
				AGED \$154.87 DISABLED/BLIND \$135.35 LTC \$3,513.96 AIDS \$366.41					
CONTACT: Bob Freeman (805) 685-9525									
<u>SAN MATEO COUNTY (41)</u>									
San Mateo Health Commission dba Health Plan of San Mateo (08-85213) A4 701 Gateway Blvd., Suite 400 South San Francisco, CA 94080	#503	02/01/10	12/31/13	FAMILY/MI CHILD \$155.01 AGED \$622.71 DISABLED/BLIND \$1,058.63 LTC \$6,863.11 MI ADULT \$155.01 REFUGEES/% POV \$155.01 BCCTP \$1,340.55 AIDS \$2,645.06	N/A/ 58,968		San Mateo	Maya Altman	Chrissy Corbin (916) 449-5094
				<u>MEDICARE PART B</u>					
				AGED \$331.81 DISABLED/BLIND \$329.92 LTC \$7,108.95 AIDS \$567.78 AGNEWS \$4,919.00					
CONTACT: Maya Altman (650) 616-2145									
<u>SANTA BARBARA COUNTY (42)</u>									
SBSLORHA Santa Barbara Regional Health Authority dba CenCal Health Initiative (08-85212) A3 110 Castillian Dr. Goleta, CA 93117-3028	#502	07/01/09	12/31/11	FAMILY/MI CHILD \$135.13 AGED \$536.46 DISABLED/BLIND \$788.55 LTC \$8,334.22 MI ADULT \$135.13 REFUGEES/% POV \$135.13 BCCTP \$1,281.63 AIDS \$2,481.35	N/A/ 63,177		Santa Barbara	Lyle Lyman	O. Z. Kamara (916) 449-5084
				<u>MEDICARE PART B</u>					
				AGED \$200.05 DISABLED/BLIND \$172.05 LTC \$5,568.36 AIDS \$401.73					
CONTACT: Bob Freeman (805) 685-9525 ext 1011									

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COUNTY COHS									
<u>SANTA CRUZ COUNTY (44)</u>									
Santa Cruz-Monterey Managed Medical Care Commission dba Central California Alliance for Health (08-85216) A5 1600 Green Hills Road Scotts Valley, CA 95066-9998	#505	07/01/09	12/31/13	FAMILY/MI CHILD \$136.28 AGED \$538.67 DISABELED/BLIND \$857.67 LTC \$6,452.57 MI ADULT \$136.28 REFUGEEES/% POV \$136.28 BCCTP \$1,240.25	N/A/ 34,749		Santa Cruz	Alan McKay	Jane Marine (916) 449-5113
				<u>MEDICARE PART B</u>					
				AGED \$212.21 DISABLED/BLIND \$191.82 LTC \$4,717.40					
CONTACT: Alan McKay (831) 457-3850 ext. 4330									
<u>SOLANO COUNTY (48)</u>									
Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A4 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#504	07/01/09	12/31/13	FAMILY/MI CHILD \$167.32 AGED \$572.17 DISABELED/BLIND \$890.47 LTC \$5,926.79 MI ADULT \$167.32 REFUGEEES/% POV \$167.32 BCCTP \$1,348.66 OBRA \$285.82	N/A/ 61,225		Solano	Jack Horn	Acting: Jane Marine (916) 449-5113
				<u>MEDICARE PART B</u>					
				AGED \$215.88 DISABLED/BLIND \$236.88 LTC \$4,689.72 OBRA \$285.82					
CONTACT: Jack Horn (707) 863-4261									
<u>SONOMA COUNTY (49)</u>									
Sonoma County Partnership Health Plan of CA dba: (08-85215, A4 ADDRESS ??	#513	10/01/09	12/31/13	FAMILY/MI CHILD \$117.94 AGED \$642.16 DISABELED/BLIND \$888.28 LTC \$6,321.84 MI ADULT \$117.94 REFUGEEES/% POV \$117.94 BCCTP \$1,202.99 OBRA \$0.00	N/A/ 51,584		Sonoma	Lyle Luman	Acting: Jane Marine (916) 449-5113
				<u>MEDICARE PART B</u>					
				AGED \$265.33 DISABLED/BLIND \$172.70 LTC \$3,429.00 OBRA \$0.00					
Note: KP CAL LLC NorCal) #87 (03-75341 rolled over to #513 effective 10/2/2009.									
CONTACT:									
<u>YOLO COUNTY (57)</u>									
Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) A4 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#509	07/01/09	12/31/13	FAMILY/MICHILD \$139.63 AGED \$612.76 DISABELED/BLIND \$929.42 LTC \$6,386.83 MI ADULT \$139.63 REFUGEEES/FAMILY \$139.63 BCCTP \$1,215.47 OBRA \$255.09	N/A/ 27,198		Yolo	Jack Horn	Acting: Jane Marine (916) 449-5113
				<u>MEDICARE PART B</u>					
				AGED 211.34 DISABLED/BLIND 229.91 LTC 4318.64 OBRA 255.09					
CONTACT: Jack Horn (707) 863-4100									

TOTAL COUNTY COHS

N/A/ 842,267

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SPECIAL PROJECTS										
ALAMEDA COUNTY (01)										
On Lok Senior Health Services #56 dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109 CONTACT: Sue Wang (209) 292-8883		04/01/08	12/31/12	MEDICAL ONLY		1,600/ 3	\$16,533	Fremont	Robert Edmondson	Joseph Billingsley (916) 440-7532
				FAMILY/AGED/REF.	\$5,511.03					
				DISA/LTC/AIDS	\$5,511.03					
On Lok Senior Health Services #56 dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109 CONTACT: Sue Wang (209) 292-8883		04/01/08	12/31/12	MEDICARE PART D		1,600/ 75	\$316,685	Fremont	Robert Edmondson	Joseph Billingsley (916) 440-7532
				FAMILY/AGED/REF.	\$4,222.47					
				DISA/LTC/AIDS	\$4,222.47					
Center for Elders #51 Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150	#51	04/01/08	12/31/12	MEDICAL ONLY		560/ 55	\$317,803	Oakland	Peter Szutu	Joseph Billingsley (916) 440-7532
				FAMILY/AGED/REF.	\$5,778.23					
				DISA/LTC/AIDS	\$5,778.23					
Center for Elders #51 Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612 CONTACT: Peter Szutu (510) 433-1150	#51	04/01/08	12/31/12	MEDICARE PART D		560/ 361	\$1,560,516	Oakland	Peter Szutu	Joseph Billingsley (916) 440-7532
				FAMILY/AGED/REF.	\$4,322.76					
				DISA/LTC/AIDS	\$4,322.76					
ALAMEDA COUNTY				SUBTOTAL		4,320/ 494	\$2,211,537			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
CONTRA COSTA COUNTY (07)										
MEDICAL ONLY										
Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612	#54	04/01/08	12/31/12	FAMILY/AGED/REF.	\$5,778.23	560/ 7	\$40,448	Berkeley	Peter Szutu	Joseph Billingsley (916) 440-7532
				DISA/LTC/AIDS	\$5,778.23					
CONTACT: Peter Szutu (510) 433-1150										
MEDICARE PART D										
Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612	#54	04/01/08	12/31/12	FAMILY/AGED/REF.	\$4,322.76	560/ 27	\$116,715	Berkeley	Peter Szutu	Joseph Billingsley (916) 440-7532
				DISA/LTC/AIDS	\$4,322.76					
CONTACT: Peter Szutu (510) 433-1150										
CONTRA COSTA COUNTY				SUBTOTAL		<u>1,120/ 34</u>				<u>\$157,163</u>

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
LOS ANGELES COUNTY (19)									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#200	01/01/09	12/31/12	AGED \$77.88 BLIND/DISABLED \$77.88	5,000/ 3,105	\$241,817	Los Angeles	David Schmidt	Joseph Billingsley (916) 440-7532
CONTACT: Becky Learner (562) 989-5143									
MEDICARE PART D									
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#201	01/01/09	12/31/12	LTC \$935.31	5,000/ 1,916	\$1,792,054	Los Angeles	David Schmidt	Joseph Billingsley (916) 440-7532
CONTACT: Becky Learner (562) 989-5143									
MEDICAL ONLY									
Altamed Hlth Services Corp. dba: Altamed Senior Buenacare (07-65709) A1 512 South Indiana Street Los Angeles, CA 90063	#052	07/01/08	12/31/12	FAMILY/AGED/REF. \$5,909.86 DISA/LTC/AIDS \$5,909.86	825/ 151	\$892,389	Los Angeles	Castulo de la Rocha	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Jennifer Spalding (323) 728-0411									
MEDICARE PART D									
Altamed Hlth Services Corp. dba: Altamed Senior Buenacare (07-65709) A1 512 South Indiana Street Los Angeles, CA 90063	#052	07/01/08	12/31/12	FAMILY/AGED/REF. \$3,393.99 DISA/LTC/AIDS \$3,393.99	825/ 579	\$1,965,120	Los Angeles	Castulo de la Rocha	Delmira Rosas-Pettit (916) 440-7543
CONTACT: Jennifer Spalding (323) 728-0411									
LOS ANGELES COUNTY				SUBTOTAL	11,650/ 5,751	\$4,891,380			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<u>RIVERSIDE COUNTY (33)</u>										
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#204	01/01/09	12/31/12	<u>MEDICARE PART D</u>		5,000/ 970	\$68,889	Riverside	David Schmidt	Joseph Billingsley (916) 440-7532
				AGED	\$71.02					
CONTACT: Becky Learner (562) 989-5143										
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#205	01/01/09	12/31/12	<u>MEDICARE PART D</u>		5,000/ 657	\$602,508	San Bernardino	David Schmidt	Joseph Billingsley (916) 440-7532
				LTC	\$917.06					
CONTACT: Becky Learner (562) 989-5143										
RIVERSIDE COUNTY				SUBTOTAL		10,000/ 1,627	\$671,397			
<u>SACRAMENTO COUNTY (34)</u>										
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#50	04/01/08	12/31/12	<u>MEDICAL ONLY</u>		280/ 4	\$19,682	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	\$4,920.49					
CONTACT: Carol Hubbard (916) 677-3888										
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#50	04/01/08	12/31/12	<u>MEDICARE PART D</u>		280/ 196	\$698,352	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	\$3,563.02					
CONTACT: Carol Hubbard (916) 677-3888										
SACRAMENTO COUNTY				SUBTOTAL		560/ 200	\$718,034			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
<u>SAN BERNARDINO COUNTY (36)</u>										
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#206	01/01/09	12/31/12	MEDICARE PART D		5,000/ 588	\$47,981	Riverside	David Schmidt	Joseph Billingsley (916) 440-7532
				AGED	\$81.60					
				BLIND/DISABLED	\$81.60					
CONTACT: Becky Learner (562) 989-5143										
Scan Health Plan Senior Care (SCAN) Action Network (07-65712) A1 3780 Kilroy Airport Way, Suite 100 Long Beach, CA 90806	#207	01/01/09	12/31/12	MEDICARE PART D		5,000/ 353	\$314,555	San Bernardino	David Schmidt	Joseph Billingsley. (916) 440-7532
				LTC	\$891.09					
CONTACT: Becky Learner (562) 989-5143										
SAN BERNARDINO COUNTY				SUBTOTAL		10,000/ 941	\$362,536			
<u>SAN DIEGO COUNTY (37)</u>										
Community Elder Care of San Diego dba: St. Paul's PACE (07-65711) A1 328 Maple Street San Diego, CA 92103	#57	02/01/08	12/31/12	MEDICAL ONLY		200/ 14	\$66,660	San Diego	Cheryl Wilson	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	\$4,761.40					
				DISA/LTC/AIDS	\$4,761.40					
CONTACT: Carol Hubbard (619) 677-3888										
Community Elder Care of San Diego dba: St. Paul's PACE (07-65711) A1 328 Maple Street San Diego, CA 92103	#57	02/01/08	12/31/12	MEDICARE PART D		200/ 82	\$292,713	San Diego	Cheryl Wilson	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF.	\$3,569.67					
				DISA/LTC/AIDS	\$3,569.67					
CONTACT: Carol Hubbard (619) 677-3888										
SAN DIEGO COUNTY				SUBTOTAL		400/ 96	\$359,373			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
SAN FRANCISCO COUNTY (38)									
MEDICAL ONLY									
OnLok Senior Health Services dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109 CONTACT: Sue Wong (415) 292-8720	#55	04/01/08	12/31/12	FAMILY/AGED/REF. \$6,077.65 DISA/LTC/AIDS \$6,077.65	1600/ 28	\$170,174	San Francisco	Robert Edmondson	Joseph Billingsley (916) 440-7532
MEDICARE PART D									
OnLok Senior Health Services, dba On Lok Lifeways (07-65707) A1 1333 Bush Street San Francisco, CA 94109 CONTACT: Sue Wong (415) 292-8720	#55	04/01/08	12/31/12	FAMILY/AGED/REF. \$4,399.81 DISA/LTC/AIDS \$4,399.81	1600/ 858	\$3,775,037	San Francisco	Robert Edmondson	Joseph Billingsley (916) 440-7532
MEDICAL ONLY									
San Francisco City & County Dept. of Public Health dba Family Mosaic Project 07-65815 A2 1309 Evans Avenue San Francisco, CA 94124 CONTACT: Gary Zombalt (415) 206-7600	#601	01/01/08	12/31/12	FAMILY/BLIND \$1,848.75 DISA/CHILD/REF \$1,848.75	500/ 115	\$212,606	San Francisco	Miriam Martinez, DHI Director	Sunita Kapoor (916) 449-5104
SAN FRANCISCO COUNTY					SUBTOTAL	3700/ 1,001	\$4,157,817		
SANTA CLARA COUNTY (43)									
MEDICAL ONLY									
On Lok Senior Health Services, dba: On Lok Lifeways For PACE 07-65707, A1 1333 Bush Street San Francisco, CA 94109-5611 CONTACT: Sue Wong (415) 292-8720	#58	11/01/08	12/31/12	FAMILY/AGED/REF. 5145.76 DISA/LTC/AIDS 5145.76	1600/ 3	\$15,437	San Jose	Robert Edmondson	Joseph Billingsley (916) 440-7532
MEDICARE PART D									
On Lok Senior Health Services, dba: On Lok Lifeways For PACE 07-65707, A1 1333 Bush Street San Francisco, CA 94109-5611 CONTACT: Sue Wong (415) 292-8720	#58	11/01/08	12/31/12	FAMILY/AGED/REF. 4028.58 DISA/LTC/AIDS 4028.58	1600/ 39	\$157,115	San Jose	Robert Edmondson	Joseph Billingsley (916) 440-7532
SANTA CLARA COUNTY					SUBTOTAL	3,200/ 42	\$172,552		

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
YOLO COUNTY (57)										
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#53	04/01/08	12/31/12	MEDICAL ONLY		280/ 0	\$0	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF. DISA/LTC/AIDS	4,920.49 4,920.49					
CONTACT: William Clearwater (916) 424-8412										
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#53	04/01/08	12/31/12	MEDICARE PART D		280/ 2	\$7,126	Sacramento	William Clearwater	Delmira Rosas-Pettit (916) 440-7543
				FAMILY/AGED/REF. DISA/LTC/AIDS	3,563.02 3,563.02					
CONTACT: William Clearwater (916) 424-8412										
YOLO COUNTY				SUBTOTAL		<u>280/ 2</u>	<u>\$7,126</u>			
TOTAL SPECIAL PROJECT					<u>45,230/ 10,188</u>	<u>\$13,708,915</u>				

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>					
PCCM														
<u>LOS ANGELES COUNTY (19)</u>														
AIDS Healthcare Foundation (01-16349) A-12 6255 W. Sunset Blvd., 16th Floor Los Angeles, CA 90028-7403	#915	01/01/10	12/31/10	<u>Public Assistance</u>						Los Angeles	Michael Weinstein	Sunita Kapoor (916) 449-5096		
				FAMILY	\$103.27	2,000/ 432	\$262,362	FAMILY	\$103.27					
				AGED	\$466.85								AGED	\$243.89
				DISABLED	\$622.09								DISABLED	\$339.33
				MI CHILD	\$103.27								MI CHILD	\$103.27
				MI ADULT	\$265.28								MI ADULT	\$265.28
				REFUGEES	\$103.27								REFUGEES	\$103.27
				AIDS	\$1,767.86								AIDS	\$230.19
				BCCTP	\$517.08								BCCTP	\$517.08
				CONTACT: Donna Stidham (323) 860-5231										
AIDS Healthcare Foundation (01-16349) A-12 6255 W. Sunset Blvd., 16th floor Los Angeles, CA 90028-7403	#915	01/01/10	12/31/10	<u>MEDICARE PART D</u> <u>Public Assistance</u>						Los Angeles	Michael Weinstein	Sunita Kapoor (916) 449-5096		
				FAMILY	\$103.27	2,000/ 320	\$107,209	FAMILY	\$103.27					
				AGED	\$243.89			AGED	\$243.89					
				DISABLED	\$339.33			DISABLED	\$339.33					
				MI CHILD	\$103.27			MI CHILD	\$103.27					
				MI ADULT	\$265.28			MI ADULT	\$265.28					
				REFUGEES	\$103.27			REFUGEES	\$103.27					
				AIDS	\$230.19			AIDS	\$230.19					
				BCCTP	\$517.08			BCCTP	\$517.08					
				CONTACT: Donna Stidham (323) 860-5231										
LOS ANGELES COUNTY				SUBTOTAL				<u>4,000/ 752</u>	<u>\$369,571</u>					
TOTAL PCCM						<u>4,000/ 752</u>	<u>\$369,571</u>							

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
2-PLAN										
ALAMEDA COUNTY (01)										
Alameda Alliance for Health (04-35399), A8, C9 1240 South Loop Road Alameda, CA 94502 CONTACT: Ingrid Lamirault (510) 747-4500	#300	10/01/09	12/31/10	FAMILY	\$111.12	180,000/ 92,562	\$13,396,761	Alameda	David Kears	Mary Cobb (916) 341-7035
				AGED	\$491.99					
				DISABLED	\$491.99					
				MI ADULT	\$111.12					
				REFUGEES	\$111.12					
				AIDS	\$1,007.69					
				BCCTP	\$814.52					
AGNEWS	\$4,919.00									
MEDICARE PART D										
Alameda Alliance for Health (04-35399), A8, C9 1240 South Loop Road Alameda, CA 94502 CONTACT: Ingrid Lamirault (510) 747-4500	#300	10/01/09	12/31/10	FAMILY	\$111.12	180,000/ 5,278	\$741,120	Alameda	David Kears	Mary Cobb (916) 341-7035
				AGED	\$127.23					
				DISABLED	\$155.05					
				MI ADULT	\$111.12					
				REFUGEES	\$111.12					
				AIDS	\$239.43					
				BCCTP	\$814.52					
MATERNITY	\$6,042.63									
AGNEWS	\$4,919.00									
MEDICARE PART D										
Anthem Blue Cross Partnership Plan (03-76184), A12a, C9 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Daniel Barzman (626) 405-6996	#340	10/01/09	03/31/12	FAMILY	\$118.99	unlimited/ 26,931	\$4,041,932	California		Mark Lewis (916) 449-5061
				AGED	\$546.76					
				DISABLED	\$546.76					
				MI ADULT	\$118.99					
				REFUGEES/FAMILY	\$118.99					
				AIDS	\$1,025.21					
				BCCTP	\$813.63					
MEDICARE PART D										
Anthem Blue Cross Partnership Plan (03-76184), A12a, C9 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Daniel Barzman (626) 405-6996	#340	10/01/09	03/31/12	FAMILY	\$118.99	unlimited/ 804	\$113,841	California		Mark Lewis (916) 449-5061
				AGED	\$132.80					
				DISABLED	\$152.02					
				MI ADULT	\$118.99					
				REFUGEES/FAMILY	\$118.99					
				AIDS	\$226.96					
				BCCTP	\$813.63					
MATERNITY	\$6,042.63									
ALAMEDA COUNTY				SUBTOTAL		360,000/ 125,575	\$18,293,654			

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MANAGED CARE CAPITATION REPORT

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CONTRA COSTA COUNTY (07)									
County of Contra Costa Contra Costa Hlth Plan (04-36067), A6, C9, 595 Center Avenue, Suite 100 Martinez, CA 94553 CONTACT: Milton Camhi (925) 313-6004	#301	10/01/09	12/31/10	FAMILY	\$120.45	unlimited/ 56,644	\$8,425,908		Jonathan Prince (916) 449-3589
				AGED	\$490.75				
				DISABLED	\$490.75				
				MI ADULT	\$120.45				
				REFUGEES/FAMILY	\$120.45				
				AIDS	\$1,043.53				
				BCCTP	\$832.10				
				MEDICARE PART D					
				FAMILY	\$120.45				
				AGED	\$134.69				
DISABLED	\$148.13								
MI ADULT	\$120.45								
REFUGEES/FAMILY	\$120.45								
AIDS	\$231.06								
BCCTP	\$832.10								
MATERNITY	\$5,753.70								
Anthem Blue Cross Partnership #344 Plan (03-76184), A12a, C9 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Laura Linebach (805) 384-7876	#344	10/01/09	03/31/12	FAMILY	\$109.43	unlimited/ 11,022	\$1,399,037	Contra Costa	Blue Cross of California Marc Lewis (916) 449-5061
				AGED	\$430.93				
				DISABLED	\$430.93				
				MI ADULT	\$109.43				
				REFUGEES/FAMILY	\$109.43				
				AIDS	\$1,055.94				
				BCCTP	\$824.06				
				MEDICARE PART D					
				FAMILY	\$109.43				
				AGED	\$125.23				
DISABLED	\$156.34								
MI ADULT	\$109.43								
REFUGEES/FAMILY	\$109.43								
AIDS	\$223.59								
BCCTP	\$824.06								
MATERNITY	\$5,753.70								
CONTRA COSTA COUNTY				SUBTOTAL	unlimited/ 70,282	\$10,192,420			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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FRESNO COUNTY (10)									
Anthem Blue Cross Partnership #341 Plan (03-76184), A12a ,C9 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/11	FAMILY	\$97.44	unlimited/ 88,221	Fresno	Blue Cross of California	Marc Lewis (916) 449-5061
				AGED	\$527.26				
				DISABLED	\$527.26				
				MI ADULT	\$97.44				
				REFUGEES/FAMILY	\$97.44				
				AIDS	\$1,064.14				
				BCCTP	\$809.80				
MEDICARE PART D									
Anthem Blue Cross Partnership #341 Plan (03-76184,) A12a ,C9 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/09	06/30/11	FAMILY	\$97.44	unlimited/ 2,364	Fresno	Blue Cross of California	Marc Lewis (916) 449-5061
				AGED	\$108.62				
				DISABLED	\$151.13				
				MI ADULT	\$97.44				
				REFUGEES/FAMILY	\$97.44				
				AIDS	\$216.75				
				BCCTP	\$809.80				
MATERNITY	\$5,616.08								
Health Net Community #351 Solutions, Inc. (03-76182), A11a, C12 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246		10/01/09	06/30/11	FAMILY	\$86.67	unlimited/ 111,759	Fresno	Health Net	Myreca Singh (916) 449-5057
				AGED	\$425.97				
				DISABLED	\$425.97				
				MI ADULT	\$86.67				
				REFUGEES/FAMILY	\$86.67				
				AIDS	\$1,032.37				
				BCCTP	\$829.65				
MEDICARE PART D									
Health Net Community #351 Solutions, Inc. (03-76182), A11a, C12 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246		10/01/09	06/30/11	FAMILY	\$86.67	unlimited/ 1,187	Fresno	Health Net	Myreca Singh (916) 449-5057
				AGED	\$115.61				
				DISABLED	\$134.54				
				MI ADULT	\$86.67				
				REFUGEES/FAMILY	\$86.67				
				AIDS	\$220.88				
				BCCTP	\$829.65				
MATERNITY	\$5,616.08								
FRESNO COUNTY					SUBTOTAL				
					unlimited/ 203,531	\$22,150,095			

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<u>KERN COUNTY (15)</u>									
Health Net Community Solutions, Inc. (03-76182) A11a, C12 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#360	10/01/09	06/30/11	FAMILY	\$98.65	unlimited/ 31,093	Kern	Health Net	Myreca Singh (916) 449-5057
				AGED	\$442.73				
				DISABLED	\$442.73				
				MI ADULT	\$98.65				
				REFUGEES/FAMILY	\$98.65				
				AIDS	\$1,069.32				
				BCCTP	\$809.45				
<u>MEDICARE PART D</u>									
Health Net Community Solutions, Inc. (03-76182) A11a, C12 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#360	10/01/09	06/30/11	FAMILY	\$98.65	unlimited/ 644	Kern	Health Net	Myreca Singh (916) 449-5057
				AGED	\$113.33				
				DISABLED	\$142.24				
				MI ADULT	\$98.65				
				REFUGEES/FAMILY	\$98.65				
				AIDS	\$218.56				
				BCCTP	\$809.45				
MATERNITY	\$5,408.53								
<u>MEDICARE PART D</u>									
Kern Health Systems dba Kern Family Health Care 03-76165, A8, C10 9700 Stockdale Highway Bakersfield, CA 93311-3617 CONTACT: Carol Sorrell (661) 391-4006	#303	10/01/09	12/31/10	FAMILY	\$92.09	115,000/ 103,239	Kern	Kern Health Systems	Jonathan Prince (916) 445-3589
				AGED	\$396.51				
				DISABLED	\$396.51				
				MI ADULT	\$92.09				
				REFUGEES/FAMILY	\$92.09				
				AIDS	\$1,027.71				
				BCCTP	\$811.56				
<u>MEDICARE PART D</u>									
Kern Health Systems dba Kern Family Health Care 03-76165, A8, C10 9700 Stockdale Highway Bakersfield, CA 93311-3617 CONTACT: Carol Sorrell (661) 391-4006	#303	10/01/09	12/31/10	FAMILY	\$92.09	115,000/ 1,894	Kern	Kern Health Systems	Jonathan Prince (916) 445-3589
				AGED	\$129.07				
				DISABLED	\$151.16				
				MI ADULT	\$92.09				
				REFUGEES/FAMILY	\$92.09				
				AIDS	\$212.23				
				BCCTP	\$811.56				
MATERNITY	\$5,408.53								
KERN COUNTY				SUBTOTAL	230,000/ 136,870	\$15,031,734			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
LOS ANGELES COUNTY (19)									
Health Net Community Solutions, Inc. (03-76182), A11a, C12 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#352	10/01/09	03/31/12	FAMILY	\$83.94	unlimited/ 433,222	Los Angeles	Health Net	Myreca Singh (916) 449-5057
				AGED	\$396.78				
				DISABLED	\$396.78				
				MI ADULT	\$83.94				
				REFUGEES/FAMILY	\$83.94				
				AIDS	\$1,016.33				
				BCCTP	\$800.22				
MEDICARE PART D									
Health Net Community Solutions, Inc. (03-76182), A11a, C12 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#352	10/01/09	03/31/12	FAMILY	\$83.94	unlimited/ 5,638	Los Angeles	Health Net	Myreca Singh (916) 449-5057
				AGED	\$111.19				
				DISABLED	\$137.98				
				MI ADULT	\$83.94				
				REFUGEES/FAMILY	\$83.94				
				AIDS	\$230.77				
				BCCTP	\$800.22				
MATERNITY									
LA Care Health Plan (04-36069), A5, C9 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 CONTACT: Howard Kahn (213) 694 -1250	#304	10/01/09	12/31/10	FAMILY	\$94.42	unlimited/ 813,786	Los Angeles	LA Care Health Plan	Mary Cobb (916) 341-7035
				AGED	\$441.08				
				DISABLED	\$441.08				
				MI ADULT	\$94.42				
				REFUGEES/FAMILY	\$94.42				
				AIDS	\$1,037.35				
				BCCTP	\$856.41				
MEDICARE PART D									
LA Care Health Plan (04-36069), A5, C9 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036 CONTACT: Howard Kahn (213) 694 -1250	#304	10/01/09	12/31/10	FAMILY	\$94.42	unlimited/ 12,327	Los Angeles	LA Care Health Plan	Mary Cobb (916) 341-7035
				AGED	\$115.39				
				DISABLED	\$135.06				
				MI ADULT	\$94.42				
				REFUGEES/FAMILY	\$94.42				
				AIDS	\$225.72				
				BCCTP	\$856.41				
MATERNITY									
LOS ANGELES COUNTY				SUBTOTAL		unlimited/ 1,264,973	\$130,902,811		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
RIVERSIDE COUNTY (33)										
Inland Empire Health Plan #305 (04-35765), A7, C9 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#305	10/01/09	12/31/10	FAMILY	\$95.40	unlimited/ 179,546	\$19,944,808	Riverside	Inland Empire Health Plan	Stephanie Hopkins (916) 319-9041
				AGED	\$444.20					
				DISABLED	\$444.20					
				MI ADULT	\$95.40					
				REFUGEES/FAMILY	\$95.40					
				AIDS	\$1,047.21					
				BCCTP	\$833.43					
MEDICARE PART D										
Inland Empire Health Plan #305 (04-35765), A7, C9 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#305	10/01/09	12/31/10	FAMILY	\$95.40	unlimited/ 3,185	\$409,726	Riverside	Inland Empire Health Plan	Stephanie Hopkins (916) 319-9041
				AGED	\$115.21					
				DISABLED	\$143.53					
				MI ADULT	\$95.40					
				REFUGEES/FAMILY	\$95.40					
				AIDS	\$218.28					
				BCCTP	\$833.43					
MATERNITY										
				\$5,319.64						
Molina Healthcare of California #355 Partner Plan, Inc. (06-55498), A6b, C6 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028	#355	10/01/09	03/31/11	FAMILY	\$102.79	83,038/ 39,249	\$4,386,102	Riverside	Stephen T. O'Dell Molina, M.D.	Sarah Reed (916) 319-8517
				AGED	\$452.39					
				DISABLED	\$452.39					
				MI ADULT	\$102.79					
				REFUGEES/FAMILY	\$102.79					
				AIDS	\$983.96					
				BCCTP	\$827.10					
MEDICARE PART D										
Molina Healthcare of California #355 Partner Plan, Inc. (06-55498), A6b, C6 200 Oceangate Ste. 100 Long Beach, CA 90802-4317 CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028	#355	10/01/09	03/31/11	FAMILY	\$102.79	83,038/ 356	\$46,236	Riverside	Stephen T. O'Dell Molina, M.D.	Sarah Reed (916) 319-8517
				AGED	\$127.80					
				DISABLED	\$145.60					
				MI ADULT	\$102.79					
				REFUGEES/FAMILY	\$102.79					
				AIDS	\$222.88					
				BCCTP	\$827.10					
MATERNITY										
				\$5,319.64						
RIVERSIDE COUNTY				SUBTOTAL		166,076/ 222,336	\$24,786,872			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
SAN BERNARDINO COUNTY (36)										
Inland Empire Health Plan #306 (04-35765), A7, C9 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#306	10/01/09	12/31/10	FAMILY	\$97.77	unlimited/ 203,950	\$23,064,038	San Bernardino	Inland Empire Health Plan	Stephanie Hopkins (916) 319-9041
				AGED	\$444.59					
				DISABLED	\$444.59					
				MI ADULT	\$97.77					
				REFUGEES/FAMILY	\$97.77					
				AIDS	\$970.44					
				BCCTP	\$794.41					
MEDICARE PART D										
Inland Empire Health Plan #306 (04-35765), A7, C9 PO BOX 19026 San Bernardino, CA 92423-9026 CONTACT: Richard Bruno, CEO (909) 890-2000	#306	10/01/09	12/31/10	FAMILY	\$97.77	unlimited/ 3,528	\$502,405	San Bernardino	Inland Empire Health Plan	Stephanie Hopkins (916) 319-9041
				AGED	\$124.44					
				DISABLED	\$161.48					
				MI ADULT	\$97.77					
				REFUGEES/FAMILY	\$97.77					
				AIDS	\$217.11					
				BCCTP	\$794.41					
MATERNITY	\$5,097.25									
Molina Healthcare of California #356										
Partner Plan, Inc. (06-55498), A6b, C6 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 CONTACT: George Goldstein (562) 435-3666	#356	10/01/09	03/31/11	FAMILY	\$104.22	136,332/ 55,132	\$6,316,716	San Bernardino	Joann Zarza-Garrido Sarah Reed Molina, M.D.	(916) 319-8517
				AGED	\$423.71					
				DISABLED	\$423.71					
				MI ADULT	\$104.22					
				REFUGEES/FAMILY	\$104.22					
				AIDS	\$984.81					
				BCCTP	\$826.53					
MEDICARE PART D										
Molina Healthcare of California #356 Partner Plan, Inc. (06-55498), A6b, C6 200 Oceangate Ste. 100. Long Beach, CA 90802-4317 CONTACT: George Goldstein (562) 435-3666	#356	10/01/09	03/31/11	FAMILY	\$104.22	136,332/ 542	\$71,475	San Bernardino	Joann Zarza-Garrido Sarah Reed Molina, M.D.	(916) 319-8517
				AGED	\$124.75					
				DISABLED	\$149.10					
				MI ADULT	\$104.22					
				REFUGEES/FAMILY	\$104.22					
				AIDS	\$222.75					
				BCCTP	\$826.53					
MATERNITY	\$5,097.25									
SAN BERNARDINO COUNTY				SUBTOTAL		272,664/ 263,152	\$29,954,634			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
SAN FRANCISCO COUNTY (38)										
Anthem Blue Cross Partnership #343 Plan (03-76184), A12a ,C9 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/09	03/31/12	FAMILY	\$97.33	unlimited/ 11,270	\$1,364,045	San Francisco	Blue Cross of California	Mark Lewis (916) 449-5061
				AGED	\$451.60					
				DISABLED	\$451.60					
				MI ADULT	\$97.33					
				REFUGEES/FAMILY	\$97.33					
				AIDS	\$1,088.86					
				BCCTP	\$822.13					
MEDICARE PART D										
Anthem Blue Cross Partnership #343 Plan (03-76184), A12a ,C9 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/09	03/31/12	FAMILY	\$97.33	unlimited/ 456	\$58,200	San Francisco	Blue Cross of California	Mark Lewis (916) 449-5061
				AGED	\$109.13					
				DISABLED	\$146.68					
				MI ADULT	\$97.33					
				REFUGEES/FAMILY	\$97.33					
				AIDS	\$224.23					
				BCCTP	\$822.13					
MATERNITY \$5,842.73										
San Francisco Hlth Authority #307 dba San Francisco Health Plan (04-35400), A7, C9 201 Third Street, 7th Floor San Francisco, CA 94103 CONTACT: Jean S. Fraser (415) 615-4202		10/01/09	12/31/10	FAMILY	\$129.89	55,000/ 36,573	\$5,525,342	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Lin McCaul (916) 449-5104
				AGED	\$520.70					
				DISABLED	\$520.70					
				MI ADULT	\$129.89					
				REFUGEES/FAMILY	\$129.89					
				AIDS	\$1,115.74					
				BCCTP	\$841.23					
MEDICARE PART D										
San Francisco Hlth Authority #307 dba San Francisco Health Plan (04-35400), A7, C9 201 Third Street, 7th Floor San Francisco, CA 94103 CONTACT: Jean S. Fraser (415) 615-4202		10/01/09	12/31/10	FAMILY	\$129.89	55,000/ 1,596	\$242,239	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Lin McCaul (916) 449-5104
				AGED	\$142.72					
				DISABLED	\$163.14					
				MI ADULT	\$129.89					
				REFUGEES/FAMILY	\$129.89					
				AIDS	\$222.63					
				BCCTP	\$841.23					
MATERNITY \$5,842.73										
SAN FRANCISCO COUNTY				SUBTOTAL		110,000/ 49,895	\$7,189,826			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
SAN JOAQUIN COUNTY (39)									
Health Plan of San Joaquin (04-35401), A7, C9 7751 S. Manthey Road French Camp, CA 95231 CONTACT: Terry Mack (209) 939-3500	#308	10/01/09	12/31/10	FAMILY	\$99.09	unlimited/ 73,206	San Joaquin	?	Stephanie Hopkins (916) 319-9041
				AGED	\$452.27				
				DISABLED	\$452.27				
				MI ADULT	\$99.09				
				REFUGEES/FAMILY	\$99.09				
				AIDS	\$1,044.32				
				BCCTP	\$832.94				
MEDICARE PART D									
Health Plan of San Joaquin (04-35401), A7, C9 7751 S. Manthey Road French Camp, CA 95231 CONTACT: Terry Mack (209) 939-3500	#308	10/01/09	12/31/10	FAMILY	\$99.09	unlimited/ 1,727	San Joaquin	?	Stephanie Hopkins (916) 319-9041
				AGED	\$115.72				
				DISABLED	\$158.67				
				MI ADULT	\$99.09				
				REFUGEES/FAMILY	\$99.09				
				AIDS	\$220.04				
				BCCTP	\$832.94				
MATERNITY	\$5,938.46								
MEDICARE PART D									
Anthem Blue Cross Partnership Plan (03-76184), A12a ,C9 5151- A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#358	10/01/09	06/30/11	FAMILY	\$90.84	unlimited/ 27,053	San Joaquin	Blue Cross of California	Mark Lewis (916) 449-5061
				AGED	\$412.90				
				DISABLED	\$412.90				
				MI ADULT	\$90.84				
				REFUGEES/FAMILY	\$90.84				
				AIDS	\$1,020.79				
				BCCTP	\$811.76				
MEDICARE PART D									
Anthem Blue Cross Partnership Plan (03-76184), A12a ,C9 5151- A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#358	10/01/09	06/30/11	FAMILY	\$90.84	unlimited/ 576	San Joaquin	Blue Cross of California	Mark Lewis (916) 449-5061
				AGED	\$110.29				
				DISABLED	\$146.70				
				MI ADULT	\$90.84				
				REFUGEES/FAMILY	\$90.84				
				AIDS	\$224.99				
				BCCTP	\$811.76				
MATERNITY	\$5,938.46								
SAN JOAQUIN COUNTY				SUBTOTAL		unlimited/ 102,562	\$12,121,285		

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
SANTA CLARA COUNTY (43)										
Anthem Blue Cross Partnership #345 Plan (03-76184), A12a, C9 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/09	03/31/12	FAMILY	\$103.84	unlimited/ 32,598	\$4,007,106	Santa Clara	Blue Cross of California	Mark Lewis (916) 449-5061
				AGED	\$458.30					
				DISABLED	\$458.30					
				MI ADULT	\$103.84					
				REFUGEES/FAMILY	\$103.84					
				AIDS	\$1,091.67					
				BCCTP	\$830.08					
Anthem Blue Cross Partnership #345 Plan (03-76184), A12a, C9 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/09	03/31/12	MEDICARE PART D		unlimited/ 951	\$120,214	Santa Clara	Blue Cross of California	Mark Lewis (916) 449-5061
				FAMILY	\$103.84					
				AGED	\$113.19					
				DISABLED	\$149.88					
				MI ADULT	\$103.84					
				REFUGEES/FAMILY	\$103.84					
				AIDS	\$223.76					
			BCCTP	\$830.08						
			MATERNITY	\$5,719.42						
Santa Clara Family Health #309 Plan (04-35398), A8, C9 210 E. Hacienda Avenue Campbell, CA 95008-6617 CONTACT: Leona Butler (408) 874-1901		10/01/09	12/31/10	FAMILY	\$117.77	123,000/ 93,609	\$12,812,878	Santa Clara	Santa Clara Family Health Plan	David Mora (916) 449-5092
				AGED	\$482.01					
				DISABLED	\$482.01					
				MI ADULT	\$117.77					
				REFUGEES/FAMILY	\$117.77					
				AIDS	\$1,067.96					
				BCCTP	\$826.53					
Santa Clara Family Health #309 Plan (04-35398), A8, C9 210 E. Hacienda Avenue Campbell, CA 95008-6617 CONTACT: Leona Butler (408) 874-1901		10/01/09	12/31/10	MEDICARE PART D		123,000/ 5,597	\$737,263	Santa Clara	Santa Clara Family Health Plan	David Mora (916) 449-5092
				FAMILY	\$117.77					
				AGED	\$115.39					
				DISABLED	\$155.10					
				MI ADULT	\$117.77					
				REFUGEES/FAMILY	\$117.77					
				AIDS	\$219.25					
			BCCTP	\$826.53						
			MATERNITY	\$5,719.42						
			AGNEWS	\$4,919.00						
SANTA CLARA COUNTY				SUBTOTAL		246,000/ 132,755	\$17,677,461			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
STANISLAUS COUNTY (50)										
Anthem Blue Cross Partnership #310 Plan (04-35797), A8, C7 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662		10/01/09	12/31/10	FAMILY	\$110.61	unlimited/ 48,687	\$6,656,990	Stanislaus	Blue Cross of California	Marc Lewis (916) 449-5061
				AGED	\$569.96					
				DISABLED	\$569.96					
				MI ADULT	\$110.61					
				REFUGEES/FAMILY	\$110.61					
				AIDS	\$1,047.89					
				BCCTP	\$859.66					
				MEDICARE PART D						
				FAMILY	\$110.61					
				AGED	\$133.20					
DISABLED	\$155.04									
MI ADULT	\$110.61									
REFUGEES/FAMILY	\$110.61									
AIDS	\$224.38									
BCCTP	\$859.66									
MATERNITY	\$6,114.14									
Health Net Community #361 Solutions, Inc. (03-76182), A11a, C12 11971 Foundation Place Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246		10/01/09	06/30/11	FAMILY	\$109.98	unlimited/ 21,270	\$2,630,584	Stanislaus	Health Net	Myreca Singh (916) 449-5057
				AGED	\$542.19					
				DISABLED	\$542.19					
				MI ADULT	\$109.98					
				REFUGEES/FAMILY	\$109.98					
				AIDS	\$1,075.13					
				BCCTP	\$845.24					
				MEDICARE PART D						
				FAMILY	\$109.98					
				AGED	\$125.47					
DISABLED	\$162.78									
MI ADULT	\$109.98									
REFUGEES/FAMILY	\$109.98									
AIDS	\$231.25									
BCCTP	\$845.24									
MATERNITY	\$6,114.14									
STANISLAUS COUNTY				SUBTOTAL	unlimited/ 71,580	\$9,517,838				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>	
TULARE COUNTY (54)										
Health Net Community Solutions, Inc. (03-76182), A11a C12 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#353	10/01/09	06/30/11	FAMILY	\$89.70	unlimited/ 28,635	\$2,849,091	Tulare	Health Net	Myreca Singh (916) 449-5057
				AGED	\$442.09					
				DISABLED	\$442.09					
				MI ADULT	\$89.70					
				REFUGEES/FAMILY	\$89.70					
				AIDS	\$984.77					
				BCCTP	\$809.20					
				MEDICARE PART D						
Health Net Community Solutions, Inc. (03-76182), A11a, C12 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#353	10/01/09	06/30/11	FAMILY	\$89.70	unlimited/ 307	\$37,245	Tulare	Health Net	Myreca Singh (916) 449-5057
				AGED	\$112.56					
				DISABLED	\$141.75					
				MI ADULT	\$89.70					
				REFUGEES/FAMILY	\$89.70					
				AIDS	\$225.49					
				BCCTP	\$809.20					
				MATERNITY						
Anthem Blue Cross Partnership Plan (04-36068), A7, C7 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#311	10/01/09	12/31/10	FAMILY	\$95.54	unlimited/ 74,920	\$8,416,304	Tulare	Blue Cross of California	Marc Lewis (916) 449-5061
				AGED	\$543.40					
				DISABLED	\$543.40					
				MI ADULT	\$95.54					
				REFUGEES/FAMILY	\$95.54					
				AIDS	\$995.42					
				BCCTP	\$804.26					
				MEDICARE PART D						
Anthem Blue Cross Partnership Plan (04-36068), A7, C7 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#311	10/01/09	12/31/10	FAMILY	\$95.54	unlimited/ 1,490	\$196,138	Tulare	Blue Cross of California	Marc Lewis (916) 449-5061
				AGED	\$112.36					
				DISABLED	\$150.26					
				MI ADULT	\$95.54					
				REFUGEES/FAMILY	\$95.54					
				AIDS	\$230.53					
				BCCTP	\$804.26					
				MATERNITY						
TULARE COUNTY				SUBTOTAL		unlimited/ 105,352	\$11,498,778			
TOTAL 2-PLAN						<u>1,384,740/ 2,748,863</u>	<u>\$309,317,408</u>			

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

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<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)									
<u>SACRAMENTO COUNTY (34)</u>									
Molina Healthcare of CA Partner Plan, Inc. (07-65851) A1a 200 Oceangate Ste. 100. Long Beach, CA 90802-4317	#130	01/01/09	12/31/12		160,000/ 26,996		Sacramento		Cheryl Bates (916) 558-1797
CONTACT: Michele Marcotte (562) 435-6666 Ext. 127520									
Western Health Advantage Community Health Plan (07-65853) A4 2349 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833-9754 (Deactivated 12/31/2009)	#140	01/01/09	12/31/12		15,750/ 0		Sacramento		Nathan Nau (916) 341-7031
CONTACT: Rhonda West-Peters (916) 614-6002									
Health Net Community Solutions, Inc. (07-65847) A2-a 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670	#150	01/01/09	12/31/12		168,600/ 49,557		Sacramento		Peter Thomas (916) 324-0278
CONTACT: Lori Hill (916) 935-1447									
KP CAL, LLC (NorCal) (07-65849) A1 1800 Harrison Street, 25th Floor Oakland, CA 94512	#170	07/01/08	12/31/12		20,000/ 26,542		Sacramento	Charles S. Koch	Nathan Nau (916) 341-7031
CONTACT: Andrea Broughton (626) 421-8733 Alt:Cathy Lurty (818) 557-7955									
Anthem Blue Cross Partnership Plan (07-65845) A3 5151 - A Camino Ruiz	#190	01/01/10	12/31/12		168,600/ 91,034		Sacramento	Jeff Flick Regional Manager, SSB West	Philip Jimenez (916) 449-5105
CONTACT: Cindy Metcho (805) 384-7662									
TOTAL GMC-MEDICAL (Sacramento)					<u><u>532,950/ 194,129</u></u>				

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)									
<u>SAN DIEGO COUNTY (37)</u>									
Community Health Group #29 Partnership Plan, Inc. Calif. Children Svcs. (09-86155) 740 Bay Blvd Chula Vista, CA 91910		07/01/09	06/30/15		207,000/ 97,129		San Diego	Ann Warren Chief Member& Govt Relations Officer	Philip Jimenez (916) 449-5105
CONTACT: Francisca Chavez (619) 498-6589									
Health Net Community #68 Solutions, Inc. (09-86157) 11971 Foundation Place Bldg D Rancho Cordova, CA 95670		07/01/10	06/30/15		180,000/ 29,771		San Diego	David Friedman	Peter Thomas (916) 324-0278
HOLD-HCP# 68 Contract Ended 02/28/10									
CONTACT: Lori Hill (916) 935-1447									
KP CAL, LLC (SoCal) #79 (05-46129), A9 393 East Walnut Street, 7th Floor Pasadena, CA 91188		01/01/09	09/30/10		10,000/ 13,304		San Diego	William Caswell	Nathan Nau (916) 341-7031
CONTACT: Andrea Broughton (626) 421-8733 Alt: Cathy Lurty (818) 557-7955									
Molina Healthcare #131 of California Partner Plan, Inc. (05-46130) A6 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317		01/01/09	09/30/10		100,000/ 60,897		San Diego	Stephen T. O'Dell President & CEO	Cheryl Bates (916) 558-1797
CONTACT: Michele Marcotte (562) 435-6666 Ext. 127520									
Care 1st Health Plan, LLC #167 (09-86153) 601 Potrero Grande Drive Monterey Park, CA 91755		07/01/10	06/30/15		207,000/ 12,978		San Diego	Anna Tran Chief Operating Officer	Peter Thomas (916) 324-0278
CONTACT: Kimberly Fritz (619) 528-4817									
(Blue Cross #48 Deactivated 12/31/07)									
TOTAL GMC-MEDICAL (SAN DIEGO)					<u><u>704,000/ 214,079</u></u>				
TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL (SD))					<u><u>2,675,236/ 4,302,131</u></u>				

DEPARTMENT OF HEALTH SERVICES

MANAGED CARE CAPITATION REPORT

<u>Plan Name and Contract Number</u>	<u>Code No.</u>	<u>Effective Date</u>	<u>Term Date</u>	<u>Rates</u>	<u>Maximum/ Current Enrollment</u>	<u>Capitation Due</u>	<u>Area</u>	<u>Contractor</u>	<u>Contract Manager</u>
GEOGRAPHIC MANAGED CARE (GMC-DENTAL)									
<u>SACRAMENTO COUNTY (34)</u>									
Western Dental Svcs., Inc. (07-65806) A2 530 South Main Street Orange, CA 92863	#424	01/01/09	12/31/12		160,000/ 87,996		Sacramento	Samuel H. Gruenbau President/CEO	Brian Nanoo (916) 464-3784
CONTACT: Kelly Duniven (714) 571-3488									
Access Dental Plan, Inc. (07-65802) A1 8890 Cal Center Drive Sacramento, CA 95826	#421	01/01/09	12/31/12		100,000/ 52,309		Sacramento	Reza Abbaszadeh Chief Executive Officer	Lenatte Blouin (916) 464-0379
CONTACT: Terri Abbaszadeh (916) 563-6020									
Liberty Dental Plan (07-65805) A1 3200 El Camino Real, Ste. 290 Irvine, CA 92602	#425	01/01/09	12/31/12		100,000/ 27,730		Sacramento	Dr. Amir Neshat Chief Executive Officer	Lenatte Blouin (916) 464-0379
CONTACT: Dr. Amir Nehat (949)-223-8929									
Community Dental Services (07-65803) A1 2 MacArthur Place, Suite 700 Santa Ana, CA 92707	#426	01/01/09	12/31/12		90,000/ 11,948		Sacramento	Joseph Sivori President	Brian Nanoo (916) 464-3784
CONTACT: Thuy Pham (714) 263-3410									
Health Net of CA dba: CA Children Svcs. (07-65804) A1 address unknown	#427	01/01/09	12/31/12		0/ 22,140		Sacramento	?	Brian Nanoo (916) 464-3784
CONTACT: Eileen McGee-Davidson (909) 890-4129									
TOTAL GMC-DENTAL					<u>450,000/ 202,123</u>				

Capitation report updated by Susan Carey-Myers (916) 449-5045.
Please notify her if there are any corrections.